

Approved, SCAO

STATE OF MICHIGAN

JUDICIAL DISTRICT
JUDICIAL CIRCUIT
COUNTY PROBATE

**NOTICE OF FILING OF TRANSCRIPT
AND AFFIDAVIT OF MAILING**

CASE NO.

Court address

Court telephone no.

Plaintiff/Petitioner name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
Attorney, bar no., address, and telephone no.

v

Defendant/Respondent name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
Attorney, bar no., address, and telephone no.

☐ Probate In the matter of _____

Instruction: Do not duplicate below the attorney names and addresses provided above. Use only when there are more than two attorneys.

Attorney name and address

Representing: _____

Attorney name and address

Representing: _____

NOTE: A separate notice of filing must be completed by each court reporter or recorder who is filing in this case.

1. On this date I filed in the trial court

☐ a. a portion of the total proceedings taken in this case before _____
Judge
on _____
Date(s)

☐ b. a complete transcript of the proceedings taken in this case.

2. I have notified all above stated parties that the transcript has been filed.

Date

Certification designation and number

Reporter/Recorder signature

Business address

Name (type or print)

City, state, zip

Telephone no.

(see other side for Affidavit of Mailing)

(to be printed on the back of the Original copy only - for filing in the appellate court)

AFFIDAVIT OF MAILING

Being first duly sworn, I state that on this date I served a copy of this notice of filing of transcript upon the following parties, in the manner indicated, at their last known addresses.

Name (type or print)

- ☐ personal service.
- ☐ registered mail (receipts attached).
- ☐ certified mail (receipts attached).
- ☐ first class mail.

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Date

Reporter/Recorder signature

Name (type or print)

Subscribed and sworn to before me on _____ , _____ County Michigan.
Date

My commission expires: _____ Signature: _____
Date